

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 5

2. STATE:

Washington, D.C.

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 8.140 million  
b. FFY 2002 \$ 25.001 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A page 6  
Supplement 1 to Attachment 3.1A pg. 1-10  
Supplement 3 to Attachment 3.1B pg. 1-10  
Supplement 2 to Attachment 4.19B pg. 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1A pg 6

10. SUBJECT OF AMENDMENT:

Mental Health Rehabilitation Option Services (Other than MCOTT Services)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Herbert H. Weldon, Jr.*

13. TYPED NAME:

Herbert H. Weldon, Jr.

14. TITLE: Senior Deputy Director for  
Health Care Finance

15. DATE SUBMITTED:

September 29, 2000

16. RETURN TO:

Herbert H. Weldon, Jr.  
Senior Deputy Director for  
Health Care Finance  
825 North Capitol Street, N.E.  
Suite 5135  
Washington, D.C. 20002

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

10-04-00

18. DATE APPROVED:

DEC 03 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10-01-01

20. SIGNATURE OF REGIONAL OFFICIAL:

*Claudette V. Campbell*

21. TYPED NAME:

Claudette V. Campbell

22. TITLE:

ARA, DMSO

23. REMARKS:

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Suite 216, The Public Ledger Building  
150 S. Independence Mall, West  
Philadelphia, PA 19106-3499



DEC 03 2001

Herbert H. Weldon, Jr.  
Senior Deputy Director  
Department of Health  
Medical Assistance Administration  
825 North Capitol Street, NE  
Fifth Floor  
Washington, D. C. 20002

Dear Mr. Weldon:

Enclosed is a copy of the approved state plan material, Transmittal Number 00-05, Mental Health Rehabilitation Option Services (Other than MCOTT Services). In accordance with 42 CFR 440.130, the approved plan amendment allows the District to provide rehabilitative services to all Medicaid eligible individuals who are mentally ill or seriously emotionally disturbed and in need of rehabilitative mental health services; and elect to receive, or have a legally authorized representative select on their behalf, mental health rehabilitation option services. We have been assured that the District has forwarded the Notice of Proposed Rule Making to their Office of Corporation Counsel for legal sufficiency review and publication in the DC register.

If you have any questions, please contact Marguerite Clark at (215) 861-4199.

Sincerely,

Claudette V. Campbell  
Associate Regional Administrator  
Division of Medicaid and State Operations

Enclosures

cc: Elliott Weisman (w/2encl.)  
Ted Gallagher (w/encl.)  
Linda Peltz

## 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

- b. Screening services.  
/X/ Provided:      /X/ No limitations.      // With limitations  
// Not provided.
- c. Preventive services.  
/X/ Provided:      /X/ No limitations.      // With limitations  
// Not provided.
- d. Rehabilitative services.  
/X/ Provided:      // No limitations.      /X/ With limitations\*  
// Not provided.

\* See Supplement 6 to Attachment 3.1 A

## 14. Services for individuals age 65 or older in institutions for mental diseases.

- a. Inpatient Hospital Services.  
/X/ Provided:      // No limitations.      / X/ With limitations  
// Not provided.
- b. Skilled Nursing Facility Services.  
/X/ Provided:      // No limitations.      / X/ With limitations  
// Not provided.
- c. Intermediate Care Facility Services.  
/X/ Provided:      // No limitations.      /X/ With limitations\*  
// Not provided.

\*Description provided on attachment.

Other Diagnostic, Screening, Preventive and Rehabilitative Services, i.e., Other Than Those Provided Elsewhere in This Plan

- a. Diagnostic services must be prior authorized.
- b. Screening services are limited to eligible EPSDT recipients.
- c. Preventive services must be prior authorized.
- d. Rehabilitative services are provided to all Medicaid eligible individuals who are mentally ill or seriously emotionally disturbed and in need of mental health services; and elect to receive, or have a legally authorized representative select on their behalf, mental health Rehabilitation Option services ("mental health rehabilitation services"). Services include:
  - i. Diagnostic/Assessment
  - ii. Medication/Somatic Treatment (Individual and Group)
  - iii. Counseling (Individual On-Site, Individual Off-Site and Group)
  - iv. Community Support (Individual and Group)
  - v. Crisis/Emergency
  - vi. Day Services
  - vii. Intensive Day Treatment
  - viii. Community-Based Intervention
  - ix. Assertive Community Treatment

Services are intended for maximum reduction of mental disability and restoration of a recipient to his or her best possible functional level. Services are recommended by a physician or a licensed practitioner of the healing arts, and are rendered by, or under the supervision of, Qualified Practitioners in certified community mental health rehabilitation services agencies, in accordance with standards established by the Department of Mental Health ("DMH") as set forth in the District of Columbia Code of Municipal Regulations. Those standards include, but are not limited to, the following:

- Each mental health rehabilitation services ("MHRS") provider shall be certified as a Community Mental Health Rehabilitation Services Agency by DMH;
- Each MHRS provider shall demonstrate the administrative and financial management capability to meet District of Columbia and federal requirements;
- Each MHRS provider shall demonstrate the clinical capacity and ability to provide services to individuals needing MHRS;
- Each MHRS provider shall develop policies and procedures for handling routine, urgent and emergency situations, including referral procedures to local emergency departments, staff assignments to cover emergency walk-in hours and on-call arrangements for clinical staff and physicians;

- Each MHRS provider shall maintain individual case records in accordance with District of Columbia and federal requirements;
- Each MHRS provider shall have policies and procedures that require treatment to be provided in accordance with DMH-established service specific standards. Such policies and procedures shall be approved by the DMH;
- Each MHRS provider shall have a well-publicized complaint and grievance system, which includes policies and procedures for handling consumer, family and practitioner complaints and grievances, methods for accessing the District of Columbia's Medicaid fair hearings system, and monitoring of the incidents and appeals resolutions; and
- Each MHRS provider shall promote and demonstrate consumer progress and graduation towards recovery.

Eligible MHRS practitioners, practicing within their scope of licensure or under required supervision, and in DMH-certified Community Mental Health Rehabilitation Service agencies, include:

- Qualified Practitioners eligible to diagnose mental illness. Qualified Practitioners eligible to diagnose include board-eligible Psychiatrists, Psychologists, Licensed Independent Clinical Social Workers ("LICSW"), and Advance Practice Registered Nurses ("APRN") with psychiatry as an area of practice, working in a collaborative protocol with a Psychiatrist when providing Diagnostic/Assessment and Medication Somatic Treatment services.

- Qualified Practitioners eligible to render MHRS, but who are ineligible to diagnose mental illness, include board-eligible Psychiatrists, Psychologists, LICSWs, APRNs, Registered Nurses ("RN"), Licensed Professional Counselors ("LPC"), Licensed Independent Social Workers ("LISW") and Addiction Counselors. MHRS may also be rendered by Mental Health Support Specialists who are not Qualified Practitioners but who have been credentialed by an MHRS provider, according to standards set forth by DMH, to perform certain aspects of MHRS under the clinical supervision of a Qualified Practitioner.

Reimbursement for MHRS is not available for:

- Room and board residential costs;
- Inpatient services (including hospital, nursing facility, ICF/MR services, and Institutions for Mental Diseases ("IMD") services);
- Transportation services;
- Vocational services;
- School and educational services;
- Services rendered by parents or other family members;
- Socialization services;
- Screening and prevention services (other than those provided under EPSDT requirements);
- Services which are not medically necessary as recommended in an approved Individualized Recovery Plan for adults or an Individualized Plan of Care for children and youth;

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- Services which are not provided and documented in accordance with DMH-established MHRS service-specific standards; and
- Services furnished to persons other than the consumer when those services are not directed exclusively to the well-being and benefit of the consumer.

## **Services and Definitions**

### **1. Diagnostic/Assessment**

- A. Definition: A Diagnostic/Assessment is an intensive clinical and functional evaluation of a consumer's mental health condition that results in the issuance of a Diagnostic Assessment Report with recommendation for service delivery that provides the basis for the development of an Individualized Recovery Plan ("IRP") for adults or an Individualized Plan of Care ("IPC") for children and youth. A Diagnostic/Assessment shall determine whether the consumer is appropriate for and can benefit from MHRS, based upon the consumer's diagnosis, presenting problems and recovery goals. The Diagnostic/Assessment shall also evaluate the consumer's level of readiness and motivation to engage in treatment.
- B. Unit of Service: An assessment, which is at least 3 hours in duration, pursuant to criteria set forth in DMH-established billing procedures.
- C. Limitations: One Diagnostic/Assessment is allowed every 6 months. Additional units shall be allowable for periodic assessment and pre-hospitalization screening. If prior authorized by DMH, additional units of Diagnostic/Assessment may be allowable for neuropsychological assessments and re-admission to Intensive Day Treatment services. Diagnostic/Assessment shall not be billed on the same day as Assertive Community Treatment.
- D. Locations/Settings: Community Mental Health Rehabilitation Services Agency, Home or other Community Setting, Residential Facility of sixteen (16) beds or less.
- E. Qualified Practitioners: Psychiatrist, Psychologist, LICSW and APRN, working in a collaborative protocol with a Psychiatrist, (may both diagnose and assess, in accordance with applicable District of Columbia professional licensing laws). RN, LISW, LPC, Addiction Counselor and Mental Health Support Specialist may provide assessment services only, under the supervision of a Qualified Practitioner permitted to diagnose mental illness and to the extent permitted by and in accordance with District of Columbia law.

### **2. Medication/Somatic Treatment (Individual and Group)**

- A. Definition: Medication/Somatic Treatment services are medical interventions including: physical examinations; prescription, supervision or administration of mental health-related medications; monitoring and interpreting results of laboratory diagnostic procedures related to mental health-related medications; and medical interventions needed for effective mental health treatment provided as either an individual or group intervention. Medication/Somatic

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Treatment services include monitoring the side effects and interactions of medications and the adverse reactions a consumer may experience, and providing education and direction for symptom and medication self-management. Group Medication/Somatic Treatment shall be therapeutic, educational and interactive with a strong emphasis on group member selection, facilitated therapeutic peer interaction and support.

- B. Unit of Service: Fifteen (15) minutes, pursuant to criteria set forth in DMH-established billing procedures.
- C. Limitations: No annual limits. Medication/Somatic Treatment shall not be billed on the same day as Assertive Community Treatment.
- D. Locations/Settings: DMH certified Community Mental Health Rehabilitation Services Agency, Home or other Community Setting, Residential Facility of sixteen (16) beds or less.
- E. Qualified Practitioners: Psychiatrist and APRN working in a collaborative protocol with a Psychiatrist. RN may provide Medication Somatic Treatment services to the extent permitted by and in accordance with District of Columbia law.

### **3. Counseling (Individual On-Site, Individual Off-Site and Group)**

- A. Definition: Counseling services are individual, group or family face-to-face services for symptom and behavior management; development, restoration or enhancement of adaptive behaviors and skills; and enhancement or maintenance of daily living skills. Adaptive behaviors and skills and daily living skills include those skills necessary to access community resources and support systems, interpersonal skills and restoration or enhancement of the family unit and/or support of the family. Mental health support and consultation services provided to consumers' families are reimbursable only when such services and supports are directed exclusively to the well-being and benefit of the consumer.
- B. Unit of Service: Fifteen (15) minutes, pursuant to criteria set forth in DMH-established billing procedures.
- C. Limitations:
  - i. Prior authorization is required after 160 units.
  - ii. Counseling shall not be billed on the same day as Day Services, Intensive Day Treatment, Community-Based Intervention, or Assertive Community Treatment.
- D. Locations/Settings: DMH certified Community Mental Health Rehabilitation Services Agency, Home or other Community Setting, Residential Facility of sixteen (16) beds or less.
- E. Qualified Practitioners: Psychiatrist, Psychologist, LICSW, LISW, LPC, APRN, RN, Addiction Counselor. Licensed Graduate Social Workers may provide Counseling services under the supervision of an LICSW or LISW, to the extent permitted by and in accordance with District of Columbia law. Mental Health Support Specialists may provide Counseling

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under the supervision of a Qualified Practitioner, to the extent permitted by and in accordance with District of Columbia law.

#### **4. Community Support (Individual and Group)**

- A. Definition: Community Support services are rehabilitation supports considered essential to assist the consumer in achieving rehabilitation and recovery goals. Community Support services focus on building and maintaining a therapeutic relationship with the consumer. Community Support activities include (1) participation in the development and implementation of a consumer's IRP/IPC and Community Support Individualized Service Specific Plan ("ISSP"); (2) assistance and support for the consumer in stressor situations; (3) mental health education, support and consultation to consumers' families and/or their support system, which is directed exclusively to the well-being and benefit of the consumer; (4) individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school and work environments; (5) assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms which interfere with the consumer's daily living, financial management, personal development or school or work performance; (6) assistance to the consumer in increasing social support skills and networks that ameliorate life stresses resulting from the consumer's mental illness or emotional disturbance and are necessary to enable and maintain the consumer's independent living; (7) developing strategies and supportive mental health interventions for avoiding out-of-home placement for adults, children and youth and building stronger family support skills and knowledge of the adult, child or youth's strengths and limitations and (8) developing mental health relapse prevention strategies and plans.
- B. Unit of Service: Fifteen (15) minutes, pursuant to criteria set forth in DMH-established billing procedures.
- C. Limitations:
- No annual limits.
  - Community Support shall not be billed on the same day as Assertive Community Treatment.
- D. Locations/Settings: DMH certified Community Mental Health Rehabilitation Services Agency, Home or other Community Setting, Residential Facility of sixteen (16) beds or less.
- E. Qualified Practitioners: Psychiatrist, Psychologist, LICSW, LISW, LPC, APRN, RN, and Addiction Counselor. Mental Health Support Specialists may provide Community Support under the supervision of a Qualified Practitioner, to the extent permitted by and in accordance with District of Columbia law.



**5. Crisis/Emergency**

- A. Definition: Crisis/Emergency is a face-to-face or telephone immediate response to an emergency situation involving a consumer with mental illness or emotional disturbance that is available twenty-four (24) hours per day, seven (7) days per week. Crisis/Emergency services are provided to consumers involved in an active mental health crisis and consist of immediate response to evaluate and screen the presenting mental health situation, assist in immediate crisis stabilization and resolution and ensure the consumer's access to mental health care at the appropriate level. Crisis/Emergency services may be delivered in natural settings and the Crisis/Emergency provider shall adjust its staffing to meet the requirements for immediate response. Each Crisis/Emergency provider shall obtain consultation, locate other mental health rehabilitation services and resources, and provide written and oral information to assist the consumer in obtaining follow-up mental health rehabilitation services. Each Crisis/Emergency provider shall also be a DMH-certified provider of Diagnostic/Assessment or have an agreement with a Core Services Agency or a Core Services Agency's affiliated Subprovider to assure the provision of necessary hospital pre-admission screening.
- B. Unit of Service: Fifteen (15) minutes, pursuant to criteria set forth in DMH-established billing procedures.
- C. Limitations: No annual limits.
- D. Locations/Settings: DMH certified Community Mental Health Rehabilitation Services Agency, Home or other Community Setting.
- E. Qualified Practitioners: Psychiatrist, Psychologist, LICSW and APRN. LISWs, LPCs, RNs, Addiction Counselors, Mental Health Support Specialists may provide Crisis/Emergency under the supervision of a Qualified Practitioner to the extent permitted by and in accordance with District of Columbia law.

**6. Day Services**

- A. Definition: Day Services is a structured clinical program intended to develop skills and foster social role integration through a range of social, psychoeducational, behavioral and cognitive mental health interventions. Day Services are rendered only in the setting of a DMH-certified Community Mental Health Rehabilitation Services Agency and are not eligible for reimbursement when provided in the home, community setting or any residential facility. Day Services are curriculum-driven and psychoeducational and assist the consumer in the retention or restoration of community living, socialization and adaptive skills. Day Services include cognitive-behavioral interventions and diagnostic, psychiatric, rehabilitative, psychosocial, counseling and adjunctive treatment. Day Services are offered most often in group settings, and may be provided individually.

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Day Services shall facilitate the development of a consumer's independent living and social skills, including the ability to make decisions regarding: self care, management of illness, life, work and community participation. The services promote the use of resources to integrate the consumer into the community.

Day Services shall be founded on the principles of consumer choice and the active involvement of persons in their mental health recovery and provide both formal and informal structures through which consumers can influence and shape service development.

Day Services shall include education on self-management of symptoms, medications and side effects; identification of rehabilitation preferences; setting rehabilitation goals; and skills teaching and development.

- B. Unit of Service: One day (consumer's participation shall consist of at least three (3) hours), pursuant to criteria set forth in DMH-established billing procedures.
- C. Limitations:
  - i. Prior authorization is required for more than ninety (90) days of Day Services within a twelve (12) month period.
  - ii. Day Services may not be billed during a Community Support or Counseling encounter. Day Services may not be billed on the same day as Assertive Community Treatment.
- D. Location/Setting: DMH Certified Community Mental Health Rehabilitation Services Agency
- E. Qualified Practitioners: Psychiatrist, Psychologist, LICSW, LISW, LPC, APRN, RN and Addiction Counselor. Mental Health Support Specialists may provide Day Services under the supervision of a Qualified Practitioner to the extent permitted by and in accordance with District of Columbia law.

## **7. Intensive Day Treatment**

- A. Definition: Intensive Day Treatment is a structured, intensive and coordinated acute treatment program that serves as an alternative to acute inpatient treatment or as a step-down service from inpatient care, rendered by a inter-disciplinary team to provide stabilization of psychiatric impairments. Intensive Day Treatment services are rendered only in the setting of a DMH-certified Community Mental Health Rehabilitation Services Agency and are not eligible for reimbursement when provided in the home, community setting or any residential facility. Intensive Day Treatment shall be time-limited and provided in an ambulatory setting for no less than five hours a day, seven days a week. Daily physician and nursing services are essential components of this service.

Intensive Day Treatment offers short-term, day programming consisting of therapeutically intensive, acute and active treatment. The Intensive Day Treatment provider shall provide services that closely resemble the intensity and comprehensiveness of inpatient services. Intensive Day Treatment shall include psychiatric, medical, nursing, social work, medication

and somatic treatment and psychology services focusing on timely crisis intervention and psychiatric stabilization so that consumers can return to their normal daily lives. Intensive Day Treatment services shall only be provided to consumers who are not at danger but have behavioral health issues that are incapacitating and interfering with their ability to carry out daily activities.

Intensive Day Treatment services shall be provided within a structured program of care which offers individualized, strengths-based, active and timely treatment directed toward the alleviation of the impairment which caused the admission to Intensive Day Treatment. Intensive Day Treatment shall be an active treatment program that consists of documented mental health interventions that address the individualized needs of the consumer, as identified in the IRP/IPC. Intensive Day Treatment services and interventions consist of structured individual and group activities and therapies that are planned and goal-oriented and provided under active psychiatric supervision.

- B. Unit of Service: One day (consumer participation shall consist of at least five (5) hours), pursuant to criteria set forth in DMH-established billing procedures.
- C. Limitations
  - i. Prior authorization is required after seven (7) days or for the second and any additional episodes of care within a twelve (12) month period.
  - ii. Shall not be billed on the same day as any other service, except for Crisis/Emergency, Community Support or Community Based Intervention. Additional units of Diagnostic/Assessment may be billed for each additional episode of care, with prior authorization from DMH, when Diagnostic/Assessment pre-hospital screening occurs for purposes of determining re-admission to Intensive Day Treatment services.
- D. Location/Setting: DMH Certified Community Mental Health Rehabilitation Services Agency.
- E. Qualified Practitioners: Psychiatrist, Psychologist, LICSW, LISW, LPC, APRN, RN and Addiction Counselor. Mental Health Support Specialists may provide Intensive Day Treatment services under the supervision of a Qualified Practitioner to the extent permitted by and in accordance with District of Columbia law.

## **8. Community-Based Intervention**

- A. Definition: Community-Based Intervention services are time-limited intensive mental health intervention services delivered to children, youth and adults and intended to prevent the utilization of an out-of-home therapeutic resource by the consumer (i.e., psychiatric hospital or residential treatment facility). Community-Based Intervention is primarily focused on the development of consumer skills and is delivered in the family setting in order for the consumer to function in a family environment. These services are available twenty-four hours a day, seven days a week. The basic goals of Community-Based Intervention services are to: 1) diffuse the current situation to reduce the likelihood of a recurrence, which if not

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addressed could result in the use of more intensive therapeutic interventions; 2) coordinate access to covered mental health services; 3) provide mental health service and support interventions for consumers that develop and improve the ability of parents, legal guardians or significant others to care for the person with mental illness or emotional disturbance. Community-Based Intervention services shall be multi-faceted in nature and include situation management, environmental assessment, interventions to improve consumer and family interaction, skills training, self and family management, and coordination and linkage with covered mental health rehabilitation services and supports and other covered Medicaid services in order to prevent the utilization of more restrictive residential treatment. Community-Based Intervention services shall be delivered primarily in natural settings and shall include in-home services. In-home services - regarding medications and behavior management skills; dealing with the responses of the consumer, other caregivers and family members; and coordinating with other mental health rehabilitation treatment providers - include support and consultation to the consumer's families and/or their support system, which is directed exclusively to the well-being and benefit of the consumer.

- B. Unit of Service: Fifteen (15) minutes, pursuant to criteria set forth in DMH-established billing procedures.
- C. Limitations: Prior authorization is required for enrollment. Shall not bill Community-Based Intervention and Assertive Community Treatment , Counseling or Intensive Day Treatment on the same day.
- D. Location/Setting: DMH certified Community Mental Health Rehabilitation Services Agency, Home or other Community Setting.
- E. Qualified Practitioners: Qualified Practitioners: Psychiatrist, Psychologist, LICSW, LISW, LPC, APRN, RN and Addiction Counselor. Mental Health Support Specialists may provide Community-Based Intervention services under the supervision of a Qualified Practitioner to the extent permitted by and in accordance with District of Columbia law.

## **9. Assertive Community Treatment**

- A. Definition: Assertive Community Treatment (ACT) is an intensive integrated rehabilitative, crisis, treatment and mental health rehabilitative community support provided by an interdisciplinary team to children and youth with serious emotional disturbance and to adults with serious and persistent mental illness. ACT services are provided to consumers in accordance with the IRP/IPC with dedicated staff time and specific staff to consumer ratios. Service coverage by the ACT Team is required twenty-four (24) hours per day, seven (7) days per week. The consumer's ACT Team shall complete a comprehensive or supplemental assessment and develop a self care-oriented Individualized Service Specific Plan (ISSP) (if a current and effective one does not already exist). Services offered by the ACT team shall include: (1) mental health-related medication prescription, administration and monitoring; (2) crisis assessment and intervention; (3) symptom assessment, management and individual supportive therapy; (4) substance abuse treatment for consumers with a co-occurring

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